

Old Agency District

45644 Veterans Memorial Drive
PO Box 766 ~ Agency Village SD 57262
Phone: (605) 698-7747 ~ Fax: (605) 698-4216

Energy Assistance Guidelines and Check List

1. Applicant must be an enrolled member of the Sisseton-Wahpeton Oyate.
2. Applicant must be an adult registered member of the Old Agency District.
3. The maximum allowed **per household** is \$300, not per district member.
4. Applicant must attach to their application a copy of their most recent utility or heating bill.
5. The billing account must be in the applicant's name.
6. Payment will be made payable to your provider.

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Energy Assistance Application

| Applicant Information | | | | | | | | | |
|-----------------------------------------------------|------------|----------------|------------------|----------------|-----------|------------------------|-----------------|--------|--|
| First Name | | | | MI | Last Name | | | | |
| Mailing Address | | | | City | | State | Zip Code | County | |
| Date of Birth | Disabled? | Marital Status | | Total in House | | Social Security Number | | | |
| Home Phone | Cell Phone | | | Work Phone | | | Email Address | | |
| Physical Address if different than mailing address. | | | | | | | | | |
| Other Household Members | | | | | | | | | |
| Name | | Age | Relationship | | Disabled | | Student | | |
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| Energy Assistance Information | | | | | | | | | |
| Type of Housing: _____ Rent _____ Own | | | | | | | | | |
| Name of Landlord | | | Landlord Address | | | Landlord Phone Number | | | |
| Name of Provider | | | Provider Address | | | Provider Phone Number | | | |
| Account Number | Electric? | | Propane? | | Fuel Oil? | | Other (Specify) | | |
| | | | | | | | | | |

Applicant Certification**(Read this certification carefully before you sign and date your application. Sign in ink.)**

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. I understand any misrepresentation regarding this information may result in denial of financial assistance and may lead to the recapture of the total amount of funds allocated. I am aware that any fraudulent statements made in this application can be legal grounds for prosecution by any agency of the government using this application as a basis for assistance.

Applicant's Signature

Date

For Office Use OnlyDate (Approved)
(Denied):

(Approved) (Denied) By:

Check Date

Check Number

Date Check Mailed

If Denied, State Reasons: